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AUTHOR	Hodgson, J.; Hoover, L.; Kumpf, S.; Williams, L.
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ABSTRACT

This report discusses the outcomes of a study that examined four factors (academics, peer relationships, personal security, and family acceptance) as they related to the self-esteem of students with and without disabilities. The instrument used to measure these factors was the adapted Self-Esteem Inventory containing 58 questions. The survey was given to 136 students (1-7 grades), 76 were in general education settings and 60 were in education placements, in five urban schools within four districts in Maricopa County, Arizona. Results of the survey indicate that there was no significant difference in the overall self-esteem of students in general education and special education within gender, primary handicapping conditions, placement, or grade. Results of the survey relating to peer popularity indicate that all students felt equally popular with their peers. In addition, students with emotional and/or behavioral disabilities reported a more positive self-esteem in this component than other students with disabilities. Overall, personal security yielded the most negative responses of the self-esteem components. Finally, with respect to family acceptance, the study revealed that all students felt equally accepted. (Contains 23 references.) (CR)

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Comparison of Self Esteem Factors Between Students in Cross Categorical and in General Education Settings

by

J. Hodgson, L. Hoover, S. Kumpf, and L. Williams

Student Teachers in Special Education*

College of Education

Arizona State University West

Phoenix, AZ 85069-7100

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Abstract

The purpose of this study is to examine four factors (academics, peer relationships, personal security and family acceptance) as they relate to the self-esteem of students with and without disabilities. Independent variables included primary handicapping condition, gender, placement (self-contained classroom, resource room or general education classroom), and grade level attainment of students with and without disabilities from first through seventh grades. Descriptive statistics and analysis of variance are reported.

The study of a child's self-esteem is an important aspect for understanding how special education affects a child's ability to achieve. The term self-esteem encompasses a broad range of definitions and meanings. According to Webster's Encyclopedic Unabridged Dictionary of the English Language (1989), self-esteem is an objective respect for or a favorable impression of oneself. If a person feels good about him or herself, he or she would possess a high self-esteem. Self-esteem is the knowledge that a person can be capable in any situation. For example, Purkey (1988) suggested that self-esteem is how we feel about, or value ourselves.

Self-esteem is closely linked to self worth, self-concept, and self-efficacy. Many researchers consider the construct of self to envelop the following four terms: self-concept, self-image, self-esteem and self-worth. As a result, the terms are often used interchangeably. The lack of a definitive statement for each of the constructs has proved difficult in both theory and real life applications.

The way in which a person perceives or views himself or herself (either negatively or positively) is considered self-esteem. Researchers have shown that self-esteem increases with maturity, and evolves as people mature, possibly resulting from interactions with significant others and various life experiences. In Paralysis Net News, Marini, Rogers, Slate and Vines (1996) quotes Battle (1992), "self-esteem is a construct involving a person's perception about his or her own worth". The research literature is replete with articles referencing self-concept as distinct from self-esteem. In addition, Marini, et al., (1996) cites a foundational definition by Rosenberg (1979) who consider self-esteem to be an individual's global positive or negative feeling toward himself or herself.

The operational definition used for this research project was taken from Brown and Alexander (1991), the authors of the self-esteem inventory used in this study. They define self-

esteem as "the way individuals perceive and value themselves" (p.3). The operational definition encompasses the following four components: academic competence, peer popularity, personal security and family acceptance.

Factors Related to Self Esteem

Research conducted over the past nine decades emphasized singular and compound components to self-esteem. For example, developmental, cognitive and psychological developmentalists have studied cognitive determinants of self-esteem, such as academic achievement. Specifically, Forman (1988) reports "one evaluates the self by either taking the perspective of the other or by comparing one's performance with that of another" (p. 119). Further, Forman studied the effects of social support and school placement on the self-concept of students with learning disabilities. The results suggested support from classmates was the most important predictor of high self-concept.

Some researchers such as Hagborg (1996) and Kloomok and Cosden (1994) consider aspects of self-concept to be relatively independent of one another. Hagborg, in his study of self-concept among middle school students with learning disabilities, used Harter's Self-Perception Profile for Children (1985). Harter's multidimensional model has been described by Kloomok and Cosden as how "competent or adequate an individual feels in a number of domains: general intellectual ability, scholastic competence, athletic competence, social acceptance, physical appearance, and behavioral conduct" (p. 141).

Other researchers such as Mecca, Smelser, and Vasconcellas (1989) reported factors and influences on the development of self-esteem, which included relationships, personal decision making, academic proficiency, accomplishment, recognition and personal values. Although these are not precise descriptors or components that embody self-esteem, they are elements that help to

compare individuals to a universally accepted standard. Additionally, self-esteem can be dramatically increased or decreased based on life events and the resiliency of the individual (Marini, et al., 1996).

Societal values can contribute to an individual's self-esteem. If a particular factor is highly valued by a society at large, and a child incorporates that factor into his or her personal belief system, self-esteem can be positively affected. Further, Turnbull and Turnbull (1996) reported that for many children, the development of self-esteem is influenced by family members, educators, peers and others. This is especially noteworthy when working with children and adolescents with and without disabilities.

In summary, the literature suggests that the components of self-esteem include perceptions of overall self worth, parental acceptance and familial ties that include the quality of the parent-child relationship, academic achievement, and acceptance from peers, cumulative achievement and ability. For the purposes of this study, the predictors of self-esteem will be aggregated into the four research components of academic competence, peer popularity, personal security and family acceptance.

According to Brown and Alexander (1991), academic competence is the way that individuals perceive themselves in academic and intellectual pursuits (p.3). This can include (1) their school performance; (2) their interest in and desire to excel at academic activities; (3) the interest and support available from teachers, (4) the values they attach to intellectual achievement such as pride and shame, and (5) the affective qualities associated with achievement (p.21).

Academic proficiency is one element that aids in comparing self-esteem to a universally accepted standard, according to Mecca, et al., (1989). A student is eligible for special services

when a discrepancy between ability and achievement is evident. Under the Individuals with Disabilities Education Act (IDEA), all students with disabilities are eligible to receive a free and appropriate public education in an inclusive environment. However, if these students are being served through resource room, self-contained or itinerant pullout programs, they are identified by others and can identify themselves as being different. Hence, children in this situation cannot compare themselves academically to a universal standard. In essence, their academic self-esteem may be negatively impacted.

This seems to be confirmed by Hagborg (1996) who found that the presence of a learning disability is associated with below average academic self-concept in seventy-three percent of the students with learning disabilities within the study. Furthermore, the study revealed that even with lower academic skills and grades, students with learning disabilities possessed compensatory strengths in other self-concept non-academic domains along with internalizing attributes for academic success and positive school attitudes. These factors, in turn, contributed to an overall higher global self-worth and elevated scholastic competence. A study by Meltzer, Roditi, Houser and Perlman (1998) reinforced these positive global factors. They found that students' view of their competence, self-awareness, and understanding of the unique demands of different learning situations have a critical impact on their ability to perform competently in the classroom.

Within the academic environment, it has been suggested that children who receive special education services may often have a lower self-esteem than children who do not receive these services. Consequently, since children with learning disabilities often feel inadequate to compete academically with their non-disabled peers, having to attend "special classes" may contribute

negatively to their existing poor self-esteem. A child's self-esteem is a factor in the understanding of how special education affects the student's ability to achieve.

Beltempo and Achille (1990) reported, " In learning disabled children, failure is attributed to a lack of ability, which is often generalized to a negative attitude about ones self and then evolves into a negative expectancy for new learning situations or even an avoidance of these situations" (p.82). From a developmental perspective it has been suggested that children with intellectual disabilities have less clearly defined self-images than same-age, non-disabled peers (Harter, 1985). Research conducted by Clever, Bear and Juvonen (1992) found that children with learning disabilities had "positive feelings of self-worth despite their own academic achievement" (p.126). These researchers suggested that this occurred as a result of the student with disabilities discounting other domain areas of importance thus increasing their global self-worth. Further, they revealed little evidence existed in their study to support the hypotheses that students with learning disabilities discount any domain. Additionally, students with disabilities had realistic profiles of themselves in integrated and inclusive classrooms. Thus, the implication is that students appropriately included in the general education setting can more closely align their self-esteem with realistic expectations.

Peer popularity is affected by the students' self-esteem in social situations and interpersonal relationships with their peers (Brown and Alexander, 1991). These include (1) what friends, classmates and other peers think about them, (2) their social and interpersonal skills and the ease in which they interact with their peers, and (3) leadership traits and characteristics (p. 21).

Early developmental psychologists believed peer relationships greatly affected social and emotional development. As children age, they begin to construct and maintain a range of peer

relationships. This interaction aids the child in forming knowledge of self and affects individual self-esteem. Furthermore, Burton (1986) stated that children, who do not involve themselves with peers, might fail to build self-confidence because of missed opportunities. The school is one setting in which students have the option of interacting with whomever they desire. In order to facilitate interaction between students with and without disabilities, mainstreaming is widespread. However, Robert Evans (1984) believes that mainstreaming handicapped peers with non-handicapped peers may cause labeling to increase. For instance, the student may not be seen as "Joe", but as the deaf student. In effect, students with disabilities may be viewed solely on their disability, negatively influencing their popularity with peers.

Brown and Alexander (1991) state, "personal security is reflected in an individual's perceptions of his or her physical and psychological well-being" (p.3). This includes feelings of anxiety and personal vulnerability, fears and phobias and general health (p.22). Rhodes (1970) emphasized the importance of an ecological perspective in regards to the interaction between the individual and his or her environment. A feeling of personal security is met when students feel safe and are encouraged to take risks at home and in the school environment without the fear of reprisals or feelings of shame, guilt or failure. Children feel secure when they are treated with dignity and respect. In addition, children feel secure when their ideas and opinions are valued and he or she feels they are being listened to. When children feel as though their interpersonal needs are being met, he or she will feel a more positive sense of personal security.

This interaction also influences the individual's development and maintenance of self-esteem within an environmental context. Marini, et al., (1996) agrees with Roy (1976) who elaborated on this perspective by suggesting that a person's self esteem affects the manner in

which he or she deals with the environment. That is, people with low self-esteem tend to view their environment as threatening, and therefore have difficulty interacting in it. The impact of the ecological perspective can be evident in analyzing the influences of the school, family and home environment on self-esteem.

Family acceptance, as discussed by Brown and Alexander (1991) is "self-esteem as it relates to the home within the family unit, or the way that individuals perceive and value themselves as members of their families and in their own homes" (p.3). This includes the individuals' perceptions of (1) themselves as important and involved members of the family unit who are trusted, listened to, and cared about; (2) general family traits and characteristics such as expectations for achievement, indications of warmth and closeness, and expressions of anger; (3) the home or individual family members as potential sources of assistance, comfort and support, and (4) the behavioral rules and guidelines imposed at home (p.22).

In addition to the researchers cited above, Kloomok and Cosden (1994) found that social support from parents and friends was related to high global academic self-concept in most students with learning disabilities. According to Oden (1987), "a growing bonding attachment, marked by strong mutual affect, with at least one particular adult, is critical to the child's welfare and social-emotional development." Children with disabilities often rely on their families to advocate for them in order to receive the services necessary to enable them to become productive members of society. The support of adults in a child's life greatly impacts the choices and decisions the child makes (Wehmeyer, 1997). Without such assistance, the child is left to wander and make decisions that could reap serious negative consequences, thus affecting the child's self-esteem.

Method

Hypothesis

The researchers set out to prove a null hypothesis of no difference in the self-esteem of students in general education and special education with respect to academic competence, peer popularity, personal security and family acceptance.

Instrument

The instrument used to measure these factors was the adapted Self-Esteem Inventory by Brown and Alexander (1991). There were fifty-eight questions on the adapted Self-Esteem Inventory and the four components in which each contained a specific number of questions. Academic Competence contained seventeen questions, peer popularity contained twelve, personal security had fourteen questions and family acceptance consisted of fifteen questions. There were four response modes: always true, sometimes true, sometimes false and always false.

Data Analysis

Once the survey had been administered, the results were entered into the computer database using Statistical Product and Service Solutions for Personal Computers (SPSS-PC). Finally, the researchers analyzed the results in terms of the demographics (total population surveyed), descriptive statistics (patterns found), and the Analysis of Variance (the descriptions of the differences within the data).

Procedures

The following steps were taken when setting up the research. First, verbal consent was obtained from principals and teachers at the respective schools as well as informed written consent from parents for their child to participate in the study. Then, on the day the survey was administered, students who had been given permission by their parents to participate were orally

read an informed consent and given the opportunity at that time to not participate in the study. Next, the adapted self-esteem inventory was administered in the schools within a three-week period. During the administration, the inventory was read orally, one question at a time, while students independently indicated their responses on the survey and the survey was administered within the student's individual placement.

The following adaptations and accommodations were made during the implementation of the survey. Some students were given a blank sheet of paper or a ruler to help them follow along while the survey questions were orally read. Questions were read one at a time, and students given ample wait time to respond. Most students completed the survey in a single 20-minute session. However, some students completed half the survey in the morning and half in the afternoon. The researchers guided students through the survey by substituting vocabulary or providing clarification for some of the questions, if necessary. Each researcher surveyed at minimum two classes at their site, one of which was a special education placement, and the other a general education setting.

Subjects

Of the 136 students surveyed, seventy-six were in general education settings and sixty were in special education placements. The study encompassed five urban schools within four districts in Maricopa County, Arizona. Within the special education population, students were surveyed in resource, self-contained and inclusion settings. When disaggregated, twenty-five percent of the students from special education were surveyed in resource placements; fifteen percent were in self-contained placements; and four percent were in inclusion settings. The remaining fifty-six percent of students surveyed were from the general education setting. Of the students that participated in the survey, there was an almost equal representation of males and

females, with sixty-nine males and sixty-seven females. First through seventh grade students were surveyed with the most representation in sixth grade and the least in seventh.

Within the special education population, the following primary handicapping conditions existed: mental retardation (3%), speech/language impaired (10%), learning disabled (74%), emotionally and/or behaviorally disabled (8%) and other health impairments (5%). When compared to the national average, there was an over-representation of students with learning disabilities and an under-representation of students with mental retardation.

Results

The results of this study indicated that there is no significant difference in the overall self-esteem of students in general education and special education within gender, primary handicapping condition, placement or grade, proving the null hypothesis.

Descriptive Statistical Analysis

The extreme responses of "always true" and "always false" for every question of a component (academic, peer popularity, personal security, family acceptance) were used for the purpose of identifying descriptives. "Always true" responses correlate with a higher self-esteem report and "always false" responses associate negative self-esteem to those students.

The non-parametric statistics reveal these patterns of extreme responses from students in Special Education:

- No extremes for the components of academic competence and personal security.
- Peer popularity had an equal representation of both extremes (1). A student with other health impairments was the responder of "always true" for this component.
- Family acceptance was the component receiving the most extreme response scores of "always true" (3). These responses were from students with learning disabilities.

Accordingly, the following patterns of extreme responses are noted for students participating in this study from the general education population:

- Students responded with no extremes of "always false" for any of the four components.
- One student responded with all questions as "always true" for the component of personal security.

According to the mean scores, family acceptance had higher self-esteem reports than any of the other four components.

Lastly, the non-parametric statistics revealed the following information after compiling special education and general education student responses into the subcategories of gender, grade and placement for each component:

- For the components of academic competence and personal security, only females responded with the extremes of "always true" and males responded with both extremes for peer popularity.
- In the area of family acceptance, there was an equal distribution of extreme responses from males and females.
- Peer popularity was not evenly distributed between the grades and seems to favor the lower grades. In addition, peer popularity accumulated positive extreme responses for all twelve questions from first, second and fifth graders. However, an extreme of "always false" was from a student in the first grade.

Students in general education responded with higher self-esteem in academic competence and personal security compared to responses from students in special education placements. However, students in both general and resource placements responded with the positive extreme

in all questions in peer popularity. Conversely, a student in a self-contained placement responded with the negative extreme to all questions for the component of peer popularity. Lastly, the self-esteem component of family acceptance had the extreme of "always true" for students in general education and resource settings.

Analysis of Variance

With respect to both general education and special education placement, the analysis of variance (ANOVA) indicated that there was no significant difference between these two groups in the components of academic competence, peer popularity and family acceptance. However, there was a significant difference at the $p \leq .02$ level between the groups in the area of personal security. Although both the students in general education and special education had more negative responses for the component of personal security, the mean scores indicate that students in special education felt less secure, overall.

The ANOVA yielded results in the area of placement in special education as a whole and indicate no significant differences in family acceptance, peer popularity and personal security. However, when the data for special education was disaggregated into specific placements (self-contained, resource and inclusion), the research revealed, in rank order, that there was a significant difference in the component of academic competence. This means that overall students in general education had a higher self-esteem in this component. However, it is interesting to note that within the special education population, those students in self-contained classrooms reported higher self-esteem in academic competence than students in resource or inclusion.

There was no significant difference between primary handicapping condition and the four components. Patterns discovered concerning Primary Handicapping condition suggested that

some students with mental retardation selected "always true" more often in the variable of academic competence and peer popularity. Students with other health impairments selected "always true" more often in the component of personal security. Furthermore, other students, regardless of the type of disability, rated themselves relatively the same in this component as well. Students with other health impairments, as well as, students with emotional and/or behavioral disabilities rated themselves more positively than other students in the component of family acceptance.

An ANOVA revealed no significant difference between grade and the four components. However, the results between grade and academic competence indicated a significant difference between the grades. This difference favored lower grades when combining special education and general education. When comparing first, second, third and fifth grade to seventh grade, however, a statistically significant difference was shown ($p \leq .008$) in academic competence. These results revealed higher self-esteem reports in students within the specified lower grades.

The results of the ANOVA for gender showed no significant difference between gender and the four components.

Discussion

The implications for no significance between special education and general education suggest students in self-contained placements feel less academically threatened. This may suggest that a structured environment facilitates the students' acquisition of individualized academic needs.

With respect to primary handicapping condition, students with emotional and/or behavioral disabilities may receive additional support from parents, teachers, special programs and related services. In addition, the research indicated that students in special education and

general education might feel equally competent in the area of academics. However, the quality of the transition from primary to intermediate grades may affect or influence students' self-report of academic competence. Additionally, the discrepancy of academic self-concept in fourth grade may have resulted from state-mandated testing that occurs at the end of third grade.

Implications with respect to peer popularity yielded results that all students feel equally popular with their peers. In addition, students with emotional and/or behavioral disabilities reported a more positive self-esteem in this component than other students with disabilities. This may support previous research, which indicates that students with emotional and/or behavioral disabilities have high social skills, which may include the ability to manipulate social situations toward a desired outcome. Due to the nature of self-reporting, students may have perceived themselves as more or less popular than they in fact are.

Overall, personal security yielded the most negative responses of the self-esteem components. In light of the violence in today's society, it is not unrealistic for students to feel unsafe or insecure in their surroundings. Students becoming victims of bullying, teasing, drugs, gangs or other societal influences may be reflected in schools. Thus, it may have impacted their self-reporting of personal security. Conversely, students with other health impairments reported higher self-esteem, possibly resulting from community, family, and school supports they receive.

With respect to family acceptance, this study revealed that all students feel equally accepted. Family acceptance of students in general education may be due to involvement in various clubs and organizations associated with school, including Parent/Teacher/Student Associations (PTSA). With respect to students in special education, federal mandates, such as individual education plans (IEPs), consent to assess, individual family service plans (IFSPs) and the need for related services may increase family involvement. Thus, the resulting commonality

of active family involvement between both groups may account for the increased positive self-reports in family acceptance.

This population for this study did not parallel the 1998 U.S. Department of Education population of students with learning disabilities and mental retardation. Specifically, students with learning disabilities represented fifty-one percent of the national special education population whereas, the study represented seventy-four percent of the same population. In addition, there was an under-representation of students with mental retardation (N=2). Due to the nature of self-report studies, students could have over-exaggerated or misunderstood questions on the survey. Finally, the way the survey was administered may have affected the results.

With these caveats in mind, the results of the study should be interpreted with caution. However the following recommendations are made in the interest of adding to this body of research. First, a universal curriculum for self-esteem would benefit all students. Second, replicate this study with a population that parallels the national population. Third, expand the study to include grades one through twelve. Fourth, conduct a factor analysis that could provide information pertinent for the successful completion of school for students in special and general education.

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Organization/Address: 3037 W. Charter Oak Rd. Phoenix, Az. 85029	Telephone: (602) 564-1860	Fax: (602) 347-3220
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